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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional)
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Peter Meier, Inc.</u></p> <p>and the title of my position with said assignee is: <u>President</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <u>Georg Domenig</u>	Citizenship <u>USA</u>	
Residence/Mailing Address <u>1110 Whispering Pines, Kernersville, NC 27284</u>		
Inventor <u>James Rapier</u>	Citizenship <u>USA</u>	
Residence/Mailing Address <u>109 Shamrock Drive, Salisbury, NC 28144</u>		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,626,305</u>	Date of Patent Issued <u>9-30-2003</u>	
<p>Title of Invention</p> <p>ROTARY SHELF ASSEMBLY MECHANISM HAVING A POST HEIGHT ADJUSTMENT</p> <p>DEVICE AND...SHELF CONSTRUCTION AND SHELF RETAINING ELEMENT...</p> <p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p>		
<p>_____</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>December 15, 2003</u> as reissue application number <u>10 / 735,569</u></p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p>		
<p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/62 (07-03)

Approved for use through 01/31/2004. OMB 0851-0033

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE				Docket Number (Optional)											
<p>At least one error upon which reissue is based is described as follows:</p> <p>All claims as issued contain a "telescopically adjustable vertical post arrangement" which is too narrow in scope and can be avoided by making, using or selling a mechanism having a non-telescopically adjustable post arrangement. All claims refer to "single piece shelf" which can be avoided by making, using or selling shelves having more than one piece or multiple pieces.</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>															
<p>I hereby appoint:</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input type="checkbox"/> Practitioners at Customer Number: <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 10px;"></div></div> <p style="text-align: center; margin: 10px 0;">OR</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input checked="" type="checkbox"/> Practitioner(s) named below:</div>															
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%; text-align: center;">Name</th><th style="width: 50%; text-align: center;">Registration Number</th></tr></thead><tbody><tr><td>Charles Y. Lackey</td><td>22,707</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>						Name	Registration Number	Charles Y. Lackey	22,707						
Name	Registration Number														
Charles Y. Lackey	22,707														
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>															
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input type="checkbox"/> Customer Number: <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 10px;"></div></div> <p style="text-align: center; margin: 10px 0;">OR</p> <div style="display: flex; margin-top: 10px;"><div style="width: 20%;"><input checked="" type="checkbox"/> Firm or Individual Name</div><div style="width: 80%; border-bottom: 1px solid black; padding-bottom: 5px;">Charles Y. Lackey</div></div> <div style="display: flex; margin-top: 5px;"><div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">Address</div><div style="width: 80%; border-bottom: 1px solid black; padding-bottom: 5px;">PO Box 5871</div></div> <div style="display: flex; margin-top: 5px;"><div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">Address</div><div style="width: 80%; border-bottom: 1px solid black; padding-bottom: 5px;"> </div></div> <div style="display: flex; margin-top: 5px;"><div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">City</div><div style="width: 25%; border-bottom: 1px solid black; padding-bottom: 5px;">Winston-Salem</div><div style="width: 10%; border-bottom: 1px solid black; padding-bottom: 5px;">State</div><div style="width: 15%; border-bottom: 1px solid black; padding-bottom: 5px;">NC</div><div style="width: 10%; border-bottom: 1px solid black; padding-bottom: 5px;">Zip</div><div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">27113-5871</div></div> <div style="display: flex; margin-top: 5px;"><div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">Country</div><div style="width: 80%; border-bottom: 1px solid black; padding-bottom: 5px;">USA</div></div> <div style="display: flex; margin-top: 5px;"><div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">Telephone</div><div style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px;">336-659-8249</div><div style="width: 10%; border-bottom: 1px solid black; padding-bottom: 5px;">Fax</div><div style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px;">336-659-8249</div></div>															

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CHARLES LACKEY P.O. BOX 5871 WINSTON SALEM, NC 27113-5871		66-46 568 531 572130112 DATE <u>February 17, 2004</u>	1314
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**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Georg Domenig, James Rapier

Patent Number

6,626,305

Date Patent Issued

9-30-2003

Title of Invention

ROTARY POST ASSEMBLY MECHANISM HAVING A POST HEIGHT...

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is ~~are~~ Peter Meier, Inc. and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Peter Meier, Inc.

Signature

Date

February 17, 2004

Typed or printed name and title of person signing for assignee (if assigned)

Peter Meier, President

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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